

TOWN OF STRATHAM

INCORPORATED 1716

10 Bunker Hill Avenue • Stratham NH 03885 Voice (603) 772-7391 • Fax (603) 775-0517 • www.strathamnh.gov

Change of Occupant /Use Request for Information Map#_____-____-PERMIT # ______ Street Address **Property Owner Information (please print)** First & Last Name Phone # Email address Mailing Address City/Town State & Zip Property Owner Signature (Required) Date Certification: Bysigning above I hereby certify that I am the owner of record of the named property and have authorized this application for Change of Occupancy/Use (property owner signature or letter of authorization required with application). Business Name _____ **Occupant Information (please print)** Contact Name Email address Phone # Mailing Address City/Town State & Zip Occupant Signature Date Approved for Occupancy or Use: Building/Fire Inspector Date Conditions of this Approval of Occupancy: